

INS. CASE OWNER:

CC 4 / III 2000 1642 / Ags3

IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

29/1/2020

Date / Time:

29/1/2020

Registered in Merimen:

31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7852 L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 23/1/2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLA128T

SHA7852L

SLZ 4771C



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP: YSK Auto

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLZ 4771C : X	Non-Reporting ltr (1st):	
SHA 7852L: CC4/III19009093/Eph392; DOA: 16/5/19	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☒ ☐
	After call ltr to OI:	☒ ☐
	Authorisation To Act:	☒ ☐
	Release Voucher:	☒ ☐
	Final Repair Bill:	☒ ☐
	Car Rental Invoice:	☒ ☐
	Towing Invoice	☒ ☐
	LTA / GIA :	☒ ☐
	Medical Bill:	☒ ☐
	PIR:	☒ ☐
	Mandate/Reject Instruction:	☒ ☐
	LOD	☒ ☐
	Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	☒ ☐
Sent By:	Others:	☒ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: ADRIAN
Repair Cost: L/S	S\$ 5600.00	(6 days) Reduction: 6491.00 % 54	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/04/2020	Confirm with: DANNY	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 5600.00		C.C OI 2ND
Loss of Rental (LOR):	S\$ 1000.00	(10 days) x \$100	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$ 6600.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 6600.00	Name 1: YSK AUTO WORKSHOP	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: ☒ Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$500.00